U.S. DEPARTMENT IF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333

Congenital Rubella Syndrome Case Report

Date of Report _____ Date of Last Evaluation of Infant _____

I Patient Information

Child's Name (Last) (First) (Middle)

Current Address (County, State and Zip Code)

Age Congenital Rubella Syndrome Diagnosed
Years Months ☐ <1 Month ☐ Unk

Date of Birth ☐☐ ☐☐ ☐☐ Mo. Day Yr.

Birth Weight _____ Grams ___ lbs. ___ oz. ☐ Unk.

Gestational Age _____ weeks

Sex ☐ M ☐ F ☐ Unk.

Race:
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black
☐ White
☐ Other (Please Specify _____)

Ethnicity:
☐ Hispanic Origin
☐ Not of Hispanic Origin
☐ Unk.

II Clinical Characteristics

	Yes	No	Unk.
Cataracts	☐	☐	☐
Hearing Loss	☐	☐	☐
Mental Retardation	☐	☐	☐
Congenital Heart Disease			
1. Patent Ductus Arterious	☐	☐	☐
2.Peripheral Pulmonic Stenosis	☐	☐	☐
3. Congenital Heart Disease Type Unknown	☐	☐	☐
4. Other (Specify) _____			

	Yes	No	Unk.
Meningoencephalitis	☐	☐	☐
Microcephaly	☐	☐	☐
Purpura	☐	☐	☐
Enlarged Spleen	☐	☐	☐
Enlarged Liver	☐	☐	☐
Long Bone Radiolucencies	☐	☐	☐
Congenital Glaucoma	☐	☐	☐
Pigmentary Retinopathy	☐	☐	☐

Other Abnormalities ☐ Yes ☐ No ☐ Unk. If Yes, Specify _____

Is Child Living? ☐ Yes ☐ No ☐ Unk.

If No, Date of Death ☐☐ ☐☐ ☐☐ Mo. Day Yr. ☐ Unk.

Causes of Death: (From Death Certificate) 1. _____ 2. _____

If Child Died, Was autopsy performed? ☐ Yes ☐ No ☐ Unk.

Final Anatomical Diagnosis: _____

III Maternal History

Mother's Name (Last) (First) (Middle)

Age at Delivery _____ yrs.

Occupation at Time of Conception _____ ☐ Unemployed ☐ Unk.

Did Mother Attend Family Planning Clinic Prior to Conception? ☐ Yes ☐ No ☐ Unk.

No. of Previous Live Births _____ ☐ Unk.

No. of Previous Pregnancies _____ ☐ Unk.

Prenatal Care for this Pregnancy ☐ Yes ☐ No ☐ Unk.
Date of 1st Visit ☐☐ ☐☐ ☐☐ ☐ Unk. Mo. Day Yr.

Was Prenatal Care Obtained in the:
☐ Public Sector
☐ Private Sector
☐ Unk.

Rubella-Like Illness During Pregnancy ☐ Yes ☐ No ☐ Unk.

If Yes, Month of Pregnancy _____ ☐ Unk.

Was Rubella Diagnosed by a Physician at the Time of Illness? ☐ Yes ☐ No ☐ Unk.
If not MD, by Whom _____

Was Rubella Serologically Confirmed at the Time of Illness? ☐ Yes ☐ No ☐ Unk.

Location of Exposure:
Within the United States ☐ Yes ☐ No ☐ Unk.
Outside United States ☐ Yes ☐ No ☐ Unk.
If Yes, please specify country
(if possible, please specify city/county)
_____

If Location of Exposure is Unknown, then during 1st Trimester of Pregnancy did the Mother travel outside the United States? ☐ Yes ☐ No ☐ Unk.
If Yes, please specify country
(if possible, please specify city/county)
_____
Dates of Travel _____ ☐ Unk

Source of Exposure:
Was the Mother Directly Exposed to a Known Rubella Case? ☐ Yes ☐ No ☐ Unk.
If Yes, please specify relationship
_____
Date of Exposure _____ ☐ Unk

Number of Other Children <18 yrs. Living in Household During this Pregnancy _____

Were any of the Children Immunized with Rubella Vaccine? ☐ Yes ☐ No ☐ Unk.

Clinical Features of Maternal Illness:	Yes	No	Unk.
Rash:	☐	☐	☐
Date of Onset ☐☐	☐☐	☐☐	☐
Fever:	☐	☐	☐
Lymphadenopathy:	☐	☐	☐
Arthralgia/Arthritis:	☐	☐	☐

Other (Specify) _____

Mother Immunized with Rubella Vaccine
☐ Yes ☐ No ☐ Unk.
If Yes, Date Vaccinated: ☐☐ ☐☐ ☐☐

If Yes, Source of Information
☐ Physician
☐ School
☐ Mother Only
☐ Other (Specify) _____

Source of Vaccine:
☐ Public Sector
☐ Private Sector
☐ Unk.

Did the mother have serological testing for rubella immunity prior to exposure?
☐ Yes ☐ No ☐ Unk.
If Yes, Date_____
(year, month if available)
Interpretation of Test Results:
☐ Susceptible ☐ Immune ☐ Unk.
If More than one serologic test, Please Include dates & results for each time tested.

IV Laboratory

Specimens for Viral Study ☐ Yes ☐ No

(Check one) Mother	(Check one) Infant	Type Specimen	Date Collected	Laboratory	Specific Test Methods Used (See Below)*	Test Results
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			

V Appraisal

☐ Confirmed ☐ Probable ☐ Possible ☐ Infection Only ☐ Not CRS ☐ Stillbirth ☐ Unk.
☐ Indigenous to U.S. ☐ Imported to U.S.

Investigator's Name (Print)	Telephone	Date
Physician Responsible for Child's Care		Telephone

Source of Report:
☐ Private MD ☐ Death Record ☐ Birth Record ☐ Laboratory ☐ Hospital ☐ Other

VI Lab Test Methods

Methods Available:

a) Viral Cultures
b) RIA
c) IFA
d)ELISA
e) Hemaglutination Inhibition (HAI)
f) Latex Agglutination
g) Passive Hemaglutination (PHA)
h) Other (Please Specify _____

*If Antibody Testing was Performed, Please Specify Which Rubella-Specific Immunoglobin Antibody (IgM or IgG) was used.

Definitions

Case Definitions

Clinical Description:
An illness of newborns resulting from rubella infection in utero and characterized by signs and symptoms from the following categories:
A. Cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.
B. Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.

Clinical Case Definition:
Presence of any defects or laboratory data consistent with congenital rubella infection (as reported by a health professional).

Laboratory Criteria for Diagnosis:
- Isolation of rubella virus, or
- Demonstration of rubella-specific IgM antibody, or
- An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month).

Case Classification:
Possible: A case with some compatible clinical findings but not meeting the criteria for a probable case.
Probable: A case that is not laboratory-confirmed and that has any two complications listed in A above, or one complication from A and one from B.
Confirmed: A clinically compatible case that is laboratory-confirmed.
Infection Only: A case with laboratory evidence of infection, but without any clinical symptoms or signs.
Comment: In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication.

Other Definitions:
Imported to U.S.: A case which has its source of exposure outside the United States.
Indigenous to U.S.: Any case which cannot be proved to be imported.